LOYOLA UNIVERSITY CHICAGO

COLLEGE OF ARTS AND SCIENCES
Department of Biology

PERMISSION TO REGISTER: BIOLOGY 399 (E/M) - Independent Study

Directed study of a specific topic under direction of one or more faculty members. 1-3 credit hours.
Please type or print clearly.

To be completed by the student:

Student: First and Last Name _____ Student ID number _____

Class Status _____ E-mail _____ Academic Advisor _____

Phone Number _____

Course Information:

☐ BIOL 399 ☐ BIOL 399E (Ecology) ☐ BIOL 399M (Molecular)

Registration Appt. Date/Time _____ Semester of Study: _____

Section Number: _____ Course Number: _____ Number of Credits: _____

Name(s) of Faculty Member(s) who will direct, supervise, and grade study:

_____

Title of Study: _____

Objective: _____

_____

Student Signature: _____ Date: _____

To be completed by faculty member(s) listed above.

1.Please list required academic preparation or other prerequisite experience (i.e., course work or volunteer in laboratory), if applicable.

2. Please list methods and/or criteria that will be used to evaluate the study that will provide basis for grade. Also, list any deadlines (i.e., draft paper due at midterm).

_____

Faculty Signatures: _____ Date: _____

_____ Date: _____

☐ Approved, Chairperson's Signature: _____ Date: _____

☐ Not Approved, Reason: _____

☐ Entered By: _____ Date: _____